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ABSTRACT

Using a micro-ethnographic design employing interview and observational data, a year long collaborative study examined the impacts of economic and social change on child-rearing and community mobilization in Kenya. Subjects were 462 parents, grandparents, older siblings, preschool teachers, community leaders, and other professionals having caregiving relationships with children under 3. The study examined a variety of contexts: traditional/pastoral, rural/agrarian, plantation/tea and coffee estates, and urban. Particular research foci included: (1) ascertaining ways in which traditional support systems and child-rearing practices contribute to the effective care of young children; (2) gathering information on how to strengthen these systems and practices; (3) understanding the process and significance of community participation and parent involvement in early childhood care; and (4) examining the relevance of formal early childhood education to families maintaining traditional lifestyles. Results showed that increasing poverty and the problems associated with poverty have had the largest impacts on child rearing. Particularly in plantation and urban settings, changes in family composition were also significant. In these settings, many parents had limited support systems for care of children under 3. Participative ethnographic study is needed to better ascertain and understand child care needs of families. (Contains 30 references.) (JW)

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Does the Village Still Raise the Child?

A Collaborative Study of Changing Child-rearing and Community Mobilization in Kenya

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Does the Village Still Raise the Child?
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Abstract

This paper describes methodological dynamics, both challenges and successes, of a year-long collaborative study of the impacts of rapid social and economic change on child-rearing and community mobilization in Kenya. The study employed a collaborative, micro-ethnographic design, drawing heavily from interview data and repeated observations in eight districts of Kenya, representing four types of settings, sampling an array of local stakeholders in early childhood care and education. Research questions, sampling procedures, interview questions, and other aspects of the research design were constructed collaboratively with Kenyan colleagues and a Fulbright researcher. The study utilized individual and small group interviews with 462 parents, grandparents, children (older siblings of children under age three), preschool teachers, community leaders, and professionals working with children and families in communities representatives of four types of settings: (1) traditional/pastoralist, (2) rural/varying agricultural productivity, (3) plantation/tea and coffee estates, and (4) urban/high population density. Within each district 4-5 sub-locations were sampled to provide further reflect the diversity within districts.

The most common theme in regard to socio-economic changes and associated problems affecting families was the issue of increasing poverty and an array of related problems, including cost of living and rising cost of educating children. Family changes were also noted, including the rapid transition from a communal, extended family to nuclear family situations, in which parents had few options for child care - particularly for children under three. This problem was particularly acute in plantation and urban slum settings. Older siblings, even when attending school, still have major sibling-care responsibilities, and in traditional Samburu and Maasai communities, grandmothers still provided much of the under three child care. Implications for authentic collaboration across national, ethnic, privilege, and language backgrounds is discussed, drawing implications for strengthening collaborative ethnography from design through dissemination. (Note that this paper focuses on **methodological aspects** of the study - for detailed findings of the study see Swadener, Kabiru & Njenga, 1995).

Context and Statement of Problem

Parents and other family members in Kenya, as elsewhere in the world, have traditionally been the primary caregivers and educators of their children - particularly children from birth through age three to four years. Parents and other primary caregivers, therefore, have the greatest potential for influencing the future of their children and are critical stakeholders in both local services and larger policies and initiatives designed to benefit young children and their families. In Kenya, early childhood care and education (ECCE) services, including feeding programs (where they exist) and the majority of nursery

schools, are funded primarily by parents and the local community. Thus, households are the largest investors in ECCE services. It is, therefore, important to understand the dynamic and changing child-rearing issues facing contemporary Kenyan families, particularly the ways in which parents frame the needs of their family and community, aspirations for their children, and the nature of services they desire.

Few would dispute that the past fifteen years have been a period of rapid social and economic change in much of the world, and Kenya is no exception (For the Kenyan case, see Kilbride & Kilbride, 1990). The impact, at the level of family existence and economics, of global recession and the related debt crisis, with associated policies such as structural adjustment and debt-restructuring schemes (which in turn have led to the introduction of greater community cost-sharing, higher prices to consumers, and often increased unemployment, (Hancock, 1989) is unevenly documented. Yet, these policies and related dynamics do have a "human face" (Grant, 1993) and are directly linked to the quality of life experienced by families and the opportunities afforded their children. Thus, one goal of the present study was to systematically document the nature and impact of change experienced by families raising young children in Kenya.

It is also important to understand the reasons that some parents or households are not participating in various ECCE programs and services. The most recent statistics, for example, indicate that fewer than 30 percent of children aged 3 - 6 years attend preschool. Current research, including recent surveys undertaken by the National Centre for Early Childhood Education (NACECE), also show that very few children under age three are cared for in child care centers or preschools. Several Kenyan studies (e.g., Gakuru & Koech, 1995; Kipkorir, 1994; Nyeri Conference on Under Threes Report, 1994; Survey on the Care of Under Threes (NACECE/Aga Khan), 1994; and Survey on Under Threes (NACECE/UNICEF), 1995) have begun to document a demand for such services,

particularly in urbanized and agricultural areas, including plantations, where mothers are working long hours and traditional caregivers (e.g., grandmothers and older siblings) are unavailable to care for young children.

The recommendations made by the interdisciplinary group of participants at the "Partnership and Networking in the Care and Development of Under Threes" conference held at Nyeri (Kenya) in October, 1993 were of direct relevance to the current study. The following were of particular relevance to the design of the current study, in recommending that:

(1) Parents and local communities be mobilized to provide services for the under threes in existing programs;

(2) Traditional knowledge and skills be tapped to enrich the programs on survival, development and early stimulation;

(3) Awareness programs be mounted to enlighten parents and other care givers on the importance of providing quality care for the under threes; and

(4) Research on the care of under threes be intensified, particularly as it relates to early stimulation and conditions under which under threes live. (NACECE, 1993)

National Context: Early Childhood Care and Education in Kenya

Preschools were introduced in Kenya as early as the 1940s, in the large plantations and in larger towns. An educationally segregated nation was also reflected in the different types of preschools - for children of British and Asian families, mission programs which often included feeding programs for children in some rural areas, and the early custodial day care centers of the plantations. A larger number of day care centers opened during the Mau wars of independence (1953-1960), with activities for children including singing and dancing (Kabiru, 1993). Later, in the 1950s, during the **Mau-Mau** struggle for independence, the preschool education program expanded greatly country-wide. These centers provided

custodial care to children while their mothers were involved in forced labor.

The greatest expansion in early childhood programs came shortly after independence in 1963, in response to the late President Jomo Kenyatta's call for "Harambee" or community participation for accelerated education development (Kabiru, 1993). This large increase was in response to the intensification of socio-economic changes and other forces of development. The motto of "Harambee," or working together for a common goal, has been seen ever since in the development of many self-help projects, and community funded and built preschools and other services. Such community-supported preschools still far outnumber those built by the government or donors. A remarkable feature of preschools in Kenya is that they serve the entire cross-section of social, economic, cultural and geographic background of the society, with growing enrollment over the past thirty years.

Initially, the preschools for African children were intended to be non-academic, non-teaching, child care settings. This view persisted until 1970. Many parents, however, favored academic instruction and school preparation in the nursery school (Herzog, 1969). A rapid expansion of preschool education was brought about by the joint efforts of communities, government, welfare organizations and private enterprise. The first survey to document the number of children enrolled in preschool was carried out in 1969 through the University of Nairobi, showing that 200,000 children were enrolled in 4,800 centers nationally. Most of the 5,000 teachers were untrained.

The services provided for young children prior to 1970 in Kenya have been described as "very poor." This was mainly because of a lack of adequate government intervention and coordination. As a result, the curriculum content and methodology used in preschools differed greatly and was often unsuitable or inappropriate for young children (NACECE, 1995). There were also no properly organized training programs for the teachers; hence the majority of preschool teachers were untrained. A survey done by the Ministry of

Cooperatives and Social Services in 1971 revealed that out of 5,000 teachers only 400 had received basic training in aspects of preschool education. The untrained teachers lacked adequate knowledge and skills for providing stimulating learning experiences for the children. The classrooms had no learning and play materials and, hence, used rote and "chalk and talk" teaching methods.

Faced with this reality, the Kenya Government, through the Ministry of Education and with the assistance of the Bernard van Leer Foundation, in 1971 initiated the **Pre-school Education Project**, based at the Kenya Institute of Education (KIE). The main objective of the project was to improve the quality of preschool education through development of viable training models for early childhood care and education (ECCE) personnel and curriculum and other support materials for use by the children, teachers and trainers. As a result of increased awareness of preschool education, the Ministry of Education (MOE) established a Preschool Section at KIE. This section assumed all responsibilities of the project, although, up to 1979, the Ministry of Culture and Social Services was responsible for preschool education in Kenya. In 1980, this responsibility was transferred to the Ministry of Education, and preschool section were created at MOE headquarters and the Inspectorate.

In 1982, a national preschool seminar was held to discuss the experiences and outcomes of the Preschool Education Project. One of the recommendations made during this seminar was the establishment of a national center for early childhood education and a network of sub-centers at the district level. These were expected to facilitate the dissemination of the project's experiences and outcomes. The MOE responded to this recommendations by establishing the National Centre for Early Childhood Education (NACECE) in 1984 and the District Centres for Early Childhood Education (DICECE) in 1985.

NACECE's responsibilities included: (1) training of ECCE personnel; (2) development and dissemination of the curriculum for ECCE programs; (3) identifying, designing, undertaking and coordinating research in ECCE; (4) offering services and facilitating interaction between agencies and sponsors; and (5) coordinating and liaising with external partners and also informing the public on the needs and developments of the ECCE program. The establishment of the DICECE facilitated the decentralization of the ECCE program to the district level. The functions of the DICECE are: (1) training of the preschool teachers and other personnel at the district level; (2) supervision and inspection of district preschool programs; (3) mobilization of communities, through the preschool, to improve the care, health, nutrition, and education of young children; (4) development of preschool curriculum; and (5) participation in the evaluation of preschool programs and carrying out of basic research on the status of preschool-age children in and out of school.

One of the strengths of the ECCE program in Kenya is its partnership policy which encourages the participation of various partners, including parents and local communities, local authorities, voluntary organizations, religious bodies, companies, the Ministry of Education and other ministries, and NGOs, several of which have sponsored a number of early childhood initiatives (e.g., the Bernard van Leer Foundation, UNICEF, and the Aga Khan Foundation). Parents and local communities are the most important partners in the ECCE program in Kenya. They have started and manage **over 75%** of the preschools in the country. As discussed earlier, these schools are started on a **Harambee** (community self-help) basis. Through "harambee," the parents and the local communities provide communities provide land and funds for the construction and maintenance of physical facilities. They also provide furniture, materials, and labor, and pay teachers' salaries.

In some of the preschools, parents and local communities have initiated community-based feeding programs and growth monitoring and promotion (CBGMP) activities. For

feeding programs, the parents contribute the ingredients and cooking eating utensils. They also either hire a cook or take turns preparing the food for the children. In CBGMP the parents participate in weighing the children and plotting the measurements on the chart, assisted by teachers trained as primary health workers (by the Ministry of Health). Some parents and preschool teachers also act as resource persons in parental educational programs, as part of the growth monitoring and promotion activities.

Enrollment in preschool programs continues to grow in Kenya. In 1973, preschool enrollment was recorded at nearly 300,000, with 6,326 teachers. By 1979, enrollment in preschools had risen to 400,000 children attending some 8,000 preschools, and the number of teachers had grown to over 10,000. More recent statistics (Ministry of Education, 1994) indicate that 951,997 children are enrolled in over 19,083 centers. Still, only about one third of Kenya's preschool-age (3 - 5 years) children are enrolled in a nursery school.

Background of the Project: A Collaborative Study

Few researchers have focused on child care and preschool education in Sub-Saharan African, and even fewer have disseminated their findings (Adams, 1983; Gakuru, 1992; Gakuru & Koech, 1995; Kamerman, 1989; Kipkorir, 1993; Kipkorir, Mwaura, Kabiru, & Njenga, 1988); Wagner & Spratt, 1987; and Waithaka, 1988). Others have provided ethnographic accounts of child-rearing and child care (e.g., Harkness & Super, 1985, 1992; Kilbride & Kilbride, 1986, 1990; Levine & Levine, 1974, 1988; Tronick, Morelli & Winn, 1987; Varkevisser, 1973; Whiting, 1977; Whiting & Edwards, 1988), or autobiographical accounts (Gatheru (1981 Ed.), Nyango, 1994). The work of the National Centre for Early Childhood Education in Kenya has been significant in increasing the flow of information, resources, and support among early childhood programs and personnel in not only Kenya, but in several African nations, and served as the host institution for this (Fulbright) research project.

The principal investigator had made six previous trips to sub-Saharan Africa for early childhood pilot studies and to participate in the first two U.S.-Kenyan Early Childhood Collaborative Training Seminars, held in Nairobi in 1992 and in 1994. Participation in these conferences, and further correspondence with the leadership of NACECE, led to the formulation of the current study and the development of the Fulbright proposal (submitted in 1993). The study sought to pursue issues of direct, local **relevance**.

A critical aspect of the study is its emphasis on **collaboration**. Such research must be based on mutually defined goals and stated needs of indigenous people, and actively seeking to improve the conditions of people -- in the present case, young people and their primary caregivers in Kenya. Two levels of collaboration took place during the 10 month stay of the researcher. At the national level, the Coordinator and Deputy Coordinator of NACECE were directly involved in the refinement of the research questions, selection of districts to be sampled, and overall design of the study. They were also given transcripts of all the interviews and took part in the data coding and analysis phase of the project (which is discussed in more detail in the Methodology chapter).

At the district/local level, two District Centre for Early Childhood Education (DICECE) colleagues were nominated to participate in the data collection exercise. All collaborators, national and local, came to Nairobi for a one day orientation in which the interview protocols were further revised and a schedule of data collection generated. Local collaborators also piloted the proposed interview instruments and served as co-interviewers and translators during periods of data collection in their districts. All interviews were typed and mailed to the collaborators for corrections and other input. Thus, the project sought to be actively collaborative at every stage, and will culminate in several co-authored publications.

Purpose and Goals of the Study

The focus of the project was three-fold. First, the study examined the nature and impacts of recent social and economic change on child-rearing practices and preschool programs. Secondly, community views of the nature and potential of early childhood care and education services was examined, including the issue of the cultural relevance of preschool education to families maintaining "traditional" lifestyles. The study also examined ways in which traditional support systems contributed to effective child-rearing and care, and how these systems could be supported and enhanced. Finally, the study examined the role and effectiveness of intersectoral collaboration in the provision of services to young children and their families. This focus was added after the principal researcher arrived in Kenya and had completed background reading of reports, several of which raised issues related to intersectoral collaboration.

Thus, the **purpose of the study was to document the impact of social and economic change on child-rearing in Kenya, with emphasis on parent and community involvement** and on the care and early education of children under three.

The more specific **goals** of the study were:

(1) To examine the impact of social and economic change on child-rearing practices, early childhood services, and related policies;

(2) To describe representative types of early childhood care and education, particularly for under threes, and to analyze participation patterns in contrasting ECCE programs;

(3) To ascertain the relevance of "formal" early childhood education to families maintaining traditional lifestyles;

(4) To examine ways in which traditional support systems and child-rearing practices contribute to effective care of young children, and how this could be strengthened;

(5) To better understand the process and significance of community mobilization and parent involvement in early childhood care and education;

(6) To formulate policy and programmatic recommendations in terms of more effective services for young children and their families, with emphasis on capacity building at the community level, and targeting those of greatest need; and

(7) To examine the nature and effectiveness of intersectoral collaborations as they pertain to services for young children and their families.

Research Design, Methodology and Sample

The study employed a **collaborative, micro-ethnographic design**, drawing heavily from interview data and repeated observations in eight districts of Kenya, representing four types of settings, sampling an array of local stakeholders in early childhood care and education. The research questions were based on issues identified at two collaborative seminars (in 1992 and 1994) in which the principal investigator had participated, as well as on a review of Kenyan reports and other relevant literature. The visiting researcher sought to co-construct an authentically collaborative study (Gibson, 1985; Swadener & Marsh, 1995), and avoid colonial research patterns (Feinberg, 1995; Harrison, 1991; Marsh & Vaurus, 1995; Tsing, 1993).

Research questions, interview and focus group protocols, and communities to be sampled were finalized through consultation with two national collaborators at Kenya's National Centre for Early Childhood Education (NACECE). In each of the eight districts, two local collaborators working within District Centres for Early Childhood Education (DICECE) were nominated and served, during the field work periods, as translators, cultural interpreters, and co-investigators. Transcripts of all field notes and interviews were mailed to local collaborators for an accuracy check and for initial interpretation, and the national collaborators were involved in data coding, analysis, cultural interpretation, and editing the final report.

The study utilized multiple, qualitative field-based methods of data collection,

including structured and semi-structured (individual and small group) interviews with **462** parents, grandparents, children (older siblings, ages 8 - 12), preschool teachers, community leaders, and professionals working with children and families in **8 districts** of Kenya, representing **four types of settings**: (1) traditional/pastoralist (Samburu and Narok districts), (2) rural/varying agricultural productivity (Embu and Machakos), (3) plantation/tea and coffee estates (Kericho and Kiambu), and (4) urban/high population density (Kisumu and Nairobi). Within each district, 4-5 locations were sampled to provide further diversity (e.g., class, religion, culture, private, public, formal, informal, etc.) and reflect different settings within districts. Focus group discussions (ranging from 1 - 3 hours in length) were also conducted with professionals (e.g., community health workers, TAC tutors, adult educators, social workers, community development assistants, head teachers, DICECE staff, and community leaders (e.g., chiefs, counsellors and other elected officials, leaders of women's self-help groups, and religious leaders).

Participant observations were conducted in homes, preschools, markets, shambas (farms),informal child care settings, plantations, and other settings related to the care and early education of young children, as well as parent and community meetings in which child-rearing, child health, or early education were addressed. A minimum of three visits were made during the 10 months period of the research project to the districts sampled, with the first district comprised of gaining background and entry for later field work.

Additionally, a review and content analysis of relevant reports (e.g., monthly and annual DICECE reports, Ministry of Education and district statistics on preschool enrollments, and relevant research reports and publications), conference proceedings, and related studies in family sociology and anthropology. Finally, project reports (e.g., field-based projects sponsored by UNICEF, AMREF, the Aga Khan Foundation, Bernard Van Leer Foundation, etc.), particularly those focusing on care and education of children under

three and on community mobilization for children. During research visits to the target districts, NGO offices were visited when possible, to update statistics and learn first-hand about community-based projects and recent initiatives related to the objectives of this study.

Data collections was divided into two phases. Phase 1 consisted of a full week of interviews with parents, grandparents, children (older siblings of under threes), preschool teachers, and some community leaders. These were structured/semi-structured interviews (varying in formality by context, time constraints, etc.), typically conducted individual (especially for teachers) or in small groups (for parents, grandparents, and children). Phase 2 consisted of return visits to the sampled communities, in which focus groups with community leaders and professionals working with parents and young children participated in discussion of ten questions, all related to the research questions, and sometimes including local themes which had been identified from the first round of interviews in their community.

By the end of Phase 1 (March 10, 1995), 384 participants (parents, teachers, children, grandparents and some local leaders) had been interviewed. By the end of Phase 2 (May 19, 1995), 78 local leaders and professionals had participated in focus group interviews, bringing the final number of participants in the study to 462.

Research Protocols/Instrumentation

Research protocols were developed initially by the principal investigator, based on the research questions, as well as on partial replication of related earlier studies done in Kenya on child-rearing, community involvement in ECCE, and children under three. Interview questions were then revised by the national NACECE collaborators (Kabiru and Njenga). Research protocols were further refined by 17 district level collaborators who participated in an orientation session held in Nairobi in November, 1994. Much of the meeting included the modification and addition of items considered locally relevant to the

issues addressed in the study, as well as removal of any items which may have been culturally inappropriate (e.g., asking mothers how many children they had, or questions which inferred that most children in traditional communities were enrolled in school).

Following the November orientation, each of the interview protocols was piloted by at least two DICECE (District Centres for Early Childhood Education), during December and early January. Pilot data and feedback on the proposed instruments were incorporated into the "final" version of the interview protocols, which were used in carrying out Phase 1 of the study in the eight participating districts.

Research Settings

The following were the sites sampled in the study, organized by category of setting:

Pastoralist, semi-arid, traditional

(1) Samburu District: Kisima area (20 kms. south of Maralal town), including Lotulelei, Baawa, Lchorolelerai, Lkiloriti, and Naiborkeju

(2) Narok District: Maasai communities in Oloototo, Olopito, Olmukonko, and Inaaisuya/Naisoya

Rural, agricultural, productive and marginal

(1) Embu District: Runyenjes (town and rural locations), Ishiara, Machan'ga, and Mwenendega

(2) Machakos District: Wamunyu, Masii, Embuii, Makutano, Mwaasua, and Kawaa

Plantation, Tea and Coffee Estates

(1) Kericho District: Four selected tea plantation sites, covering approximately a 30 km. radius of Kericho town (Note: names of estates are not included to protect confidentiality)

(2) Kiambu District: Two coffee and one tea plantation, representing geographically contrasting part of district, as well as focus group with Kiambu town-based professionals

Urban, high population density (slum and working class settings)

(1) Nairobi (city): Lunga Lunga and Mukuru (Industrial area sub-locations), Kariobangi South, Civil Servants, and Kawangwari)

(2) Kisumu (municipality): Sample included all five municipal zones: Northern, Easter, Southeasters, Southern, and Western, and sub-locations included Manyatta (largest slum area of Kisumu).

Language Translation and Data Analysis

The majority of interviews with parents, children, and some local leaders and preschool teachers, were conducted in mother tongue. When interviews utilized mother tongue (a total of 10 languages were used in the study) or Kiswahili, local DICECE collaborators provided translation, with one colleague facilitating the interview, the second colleague translating, and the principal investigator taking thorough notes in English upon translation. In cases where interviews were primarily in English, they were tape recorded and transcribed from both the recording and from the interview notes.

Later, after transcripts had been typed, both local and national collaborators were consulted on the meanings given certain words and metaphors in mother tongue vernacular. For example, when asked what they liked most about being a parent, many mothers answered, "giving birth." It was later clarified that this meant being a mother, not the act of giving birth. Reference to traditional stories and characters also needed further explanation in order to ascribe accurate meaning to the transcripts - particularly the interviews with grandmothers and elders.

The principal investigator was directly involved in all aspects of these activities and all field and interview notes were transcribed in a timely manner and sent to local collaborators for an accuracy assessment, and for any initial interpretations they might offer. It was encouraging to note that **all** interview transcripts were edited by local collaborators and returned to the principal investigator in a timely manner.

A data coding system, based largely on the research questions and emergent themes/grounded theory generated in the earlier phases of the study, was developed by the three principal collaborators. This coding system was used in conducting a thematic content analysis of all the transcripts. This was initially completed over a two week period (in Nairobi), part of which was in a "retreat" setting, in order to minimize interruptions and maximize opportunities to discuss emergent themes from the data. For a more detailed discussion of validity measures, sampling procedure, and detailed description of the eight local samples, see the project final report (Swadener, Kabiru & Njenga, 1995).

Results and Conclusions

The longer, final report presents in-depth, descriptive case studies of the four types of settings, with constructed portraits of daily lives of children, parents, and grandparents. Findings are organized according to research questions and emergent themes. Given the focus of this paper on methodological issues, only common themes across settings are summarized in this section. Policy and programmatic recommendations and methodological and ethical questions are also raised in this paper.

The most common theme across all eight settings sampled, in regard to socio-economic changes and associated problems affecting families was the issue of increasing poverty and an array of related problems. First among these, in terms of frequency with which different financial problems were mentioned, was the cost of living (e.g., providing food, clothing, and shelter for children) and second was the rapidly rising cost of educating children in Kenya. Parents in each location sampled expressed their joy and pride in parenthood and both fathers and mother expressed the degree to which being a parent contributed to their identity and respect in the community. The other side of this pride in parenthood was a frequently expressed regret and sadness at not being able to provide for their children -- typically expressed in terms of providing enough or appropriate foods, not

being able to afford rising school or preschool fees, or having a hard time providing the needed clothing (especially school uniforms). Particularly in urban settings and on the plantations, mothers expressed concern about not being able to provide enough time and attention to their children, and also expressed concern that they no longer had the kinds of extended family assistance with child care which they recalled from the past (i.e., grandmothers were more likely to be needing to work in more urbanized areas and older siblings were now in school and could not help out as much in child care).

Family changes were also noted, including the rapid transition from a communal, extended family model in which older relatives were available for child care, to individual, nuclear family situations, in which working parents were left with few options for care - particularly for children under three. This problem was particularly acute in plantation and urban (slum) settings, where parents tended to work long hours and could rarely afford a child-minder. Older siblings typically had major responsibility for the care of younger children. In more traditional Samburu and Maasai communities, grandmothers still provided much of the under three care, and girls were often kept out of school to assist in child care.

Both Maasai and Samburu participants also noted the impact of land tenure issues on family and economic issues related to child-rearing. For example, with land demarcation or sub-division and the move toward more private, versus communal ownership, traditional clan and even extended family systems were changing. The building of semi-permanent and permanent housing, gradual engagement in mixed herding and farming (or animal grazing taking place away from the family's home) were also described as pervasive changes in these more traditionally pastoralist communities. The need for economic diversification and for more children to be formally educated was seen by many of the parents interviewed to be related to these changes.

Parental and community support of early childhood programs, including health, nutrition, nursery school, and various in-home care models was very pervasive and strong. In all areas sampled, at least one year of preschool prior to primary school (standard one) was expected and over half the participants interviewed felt that children "under three" would also benefit from preschool programs (which currently serve primarily children four through five). The degree of parent involvement in preschool programs varied greatly, with most preschools, particularly in rural areas, started by parents who also hired the teacher. Interviews with older siblings of young children indicated their many active roles in the family (e.g., chores, child care, cooking, etc.). The only children who were not as involved in family-based labor were from middle and upper middle class, urban families. The following sections provide summaries of interviews related to specific research questions and emergent themes.

Socio-economic Changes and Associated Problems Affecting Families

Responses to questions about changes affecting child-rearing and about the major problems facing families at present were typically quite similar or even overlapping, with a discussion of changes leading directly into a listing of social and economic problems.

As already discussed briefly, the most common theme in this regard is the over-arching issue of increasing poverty and an array of related economic problems. First among these, in terms of frequency with which different financial problems were mentioned, was the cost of living and second was the rapidly rising cost of educating children in Kenya. The **cost of living** had several dimensions, including the loss of purchasing power for basic necessities for families, or, as one mother in Narok put it, "the higher cost of everything."

The first necessity was **food**. Parents and others interviewed stated that it had become much harder to feed a family due to the rising cost of food. In fact, parents often stated that they now better understand the importance of a balanced diet, but find it harder

to provide what they know they "should." The role of both the preschool and primary school in providing at least a supplementary diet for children was also raised, with many parents lamenting the loss, or sporadic functioning, of the school milk program and the cancellation of a number of preschool feeding programs in recent years. The latter were typically canceled due to the cost to parents (i.e., on plantations) and to the loss of donor support - for example, when the funding had been "drought-related" and the drought ends and/or the project was terminated.

The issue of food was closely tied to problem of lack of access to sufficient **land** for a garden. More families were renting land than in the past, making growing food for a family more costly, and urban families rarely had even a tiny kitchen garden, thus being completely dependent upon purchasing food. For communities which had formerly owned land communally (e.g., Maasai and Samburu), demarcation and sub-division of land, with more individual/single family ownership, had also affected families' ability to provide sufficient food for their families. Such parents also talked about having fewer animals than in earlier times and also having a much smaller profit margin when an animal was sold.

Another aspect of the high cost of living was **housing**. Rents had become much higher, and, as families grew, their living conditions were more crowded and a number of problems were associated with this, ranging from discipline difficulties to the rise in the number of street children (as older out-of-school boys, for example, were often not discouraged from leaving their mother's home). Some of the most crowded housing conditions encountered were on the plantations, where, although "free" to permanent workers, large families often occupied one or two small rooms.

Another problem associated with housing was that many urban and peri-urban estates, and some rural areas had become more dangerous, with higher **crime** in many areas. There were also fewer open spaces, playgrounds, and other recreational settings for

children - particularly in urban areas. Those interviewed in rural areas also described more squatters, some of whom were living on relatives' land and others just starting a small shamba on another's property. Some of these squatters were reported to be a source of "compound kids," the rural equivalent to "street kids" in urban areas. Such children were idle during the day, going home to get food and occasionally doing casual labor, and were seen as a "bad influence" on other age-mates.

Access to housing was also a growing problem in urban areas, with rapid expansion of slums, estates growing through the addition of illegal extensions to existing housing units, and crowding frequently mentioned by the parents interviewed in both Nairobi and Kisumu. Such uncontrolled growth frequently meant that few services were available (e.g., water, sewerage or latrines, trash removal or rubbish burning pits, etc.), making environmental hygiene a major problem. This, in turn, led to outbreaks of disease, including dysentery (which was particularly problematic in one of the Nairobi slums sampled in the study).

Even when people were able to arrange temporary or semi-permanent housing in such slum settings, the possibility of entire neighborhoods being bulldozed under by the City Council, Kenya Railways (which owned some of the land where communities have come up), etc., was a serious problem. Although one community was no longer using cartons (cardboard and plastic) housing materials, with the associated risk of fire, the same community was still being threatened by the bulldozing squads which could render hundreds of people homeless in one night. Participants from this community recalled an earlier chief who, upon his appointment had declared, "I will not be the Chief of cartons!" and proceeded to encourage semi-permanent housing in this area -- although is was bulldozed and set ablaze several more times. In terms of housing, health, and other environmental issues, slum-dwellers in urban Kenya continue to have a precarious existence, at best.

In settings where basic housing was provided to workers - namely on the coffee and

tea plantations, parents described the crowded conditions in which their families lived. They frequently described having a much smaller family when they began work on a particular estate, and now, although they may have many children, they still are only provided with a two room house. Tea growing areas tend to be in high elevation areas which are cold at night, and shortages of firewood or charcoal for heat was a related concern. In terms of health, many upper respiratory diseases were described by not only parents, but by district and estate health personnel.

Another set of problems frequently named in most of the settings sampled had to do with issues of **family change**. Such issues included the rising number of single parents, usually mothers, raising children and living under great stress and financial hardship, and the associated rise in divorce and separation. Regarding the latter, some participants in rural areas also stated that the informal systems previously used to prevent divorce (e.g., members of a women's self-help group going to talk to a woman who was not getting along with her husband, etc.) were rapidly disappearing. When interviewing a women's self-help group in Embu district, as many as four generations of mothers were present. The older mamas expressed concern quite vocally that the newest mothers were no longer nursing their babies as long as they "should be," and that they were using too many inappropriate, less nutritious weaning foods (e.g., "tinned foods") which they often could not afford. Younger mothers described having trouble keeping up with nursing children when they had to walk many kilometers into rented land or other shambas where they were employed as casual laborers and other difficulties.

In some areas, study participants reported that women were becoming mothers at a younger age. The assertion is reflected in data from other studies (with larger samples) which show the average age of mothers is lower than 10-15 years ago (Adams & Mburugu, 1994). Thus, grandparents were also described as "younger and busier meeting their own

financial needs," and less likely to be available for some of their traditional caregiving roles. Another aspect of the isolation of children from their grandparents had to do with the loss of the counseling and "preparation for life" function that grandparents, particularly grandmothers, had in previous generations. In other words, the passing down of traditional stores, metaphors, and advice for living was now cut short by time, distance, and rapid social and economic change.

Programmatic Recommendations

To quote the World Bank's ECD (Early Childhood Development) Mission to Kenya, "The effectiveness and sustainability of ECCE programs and activities is likely to be greatly increased if such programs are designed, monitored, and supported by the community itself - including building on past initiatives" (e.g., the fact that 75% of preschools are community-initiated and supported). Since a detailed national needs assessment, carried out at the grassroots level, was not possible, the data collected in the present "client consultation" study should inform the program planning process of this MOE initiative. Given the limitations of the sample, and the inherent dangers of over-generalizations, unique local applications of nationally viable models are recommended. In other words, unique local solutions must be found and local infrastructure for finding these solutions must not be by-passed (e.g., Local and District Development Committees, local opinion-shapers and leaders, DICECE and Zonal Education staff - particularly Preschool Supervisors, Ministry of Health local staff, existing elected parent group, particularly school committees, and local NGO staff, where there are existing NGO or church-sponsored projects affecting children and families). The following sections address questions relevant to program planning for expanded ECCE services in Kenya.

Communities' Traditional Perceptions of ECCE

It should be noted that the broadest definition of early childhood development,

education, and care services was employed in this study. In other words, ECCE was not narrowly defined as a center-based, formally organized group care or preschool arrangement. Rather, it included traditional familial and extra-familial care of children, from conception through age six. It also attempted to view the needs of the developing child in multiple contexts - health, nutrition, socio-emotional, cognitive, spiritual, and in the "nested contexts" of family, community, and culture.

As anticipated, the Samburu and Narok samples reflected the most traditional perceptions and practices of child-rearing and early childhood caregiving and education. Grandmothers were largely responsible for the care of small groups of children under three (and often older), assisting younger mothers who were better able (physically) to gather firewood, carry water, go to market, and do other domestic chores, including shamba work. This division of labor appeared to be well understood and accepted, with more recent additions of "formal" preschool programs with younger, hired teachers considered quite acceptable for the older (i.e., ages 4 - 5 years) children. Other more recent inputs to the traditional child-rearing system included better preventive health care (taking children to clinic for immunizations and growth monitoring), improved access to water and better personal and environmental hygiene practices. These latter inputs varied greatly, however, with few latrines being dug, for example, even in semi-permanent housing settings where families had lived for 8-10 years. In other settings, mothers' care was considered optimal, for the youngest children, as supplemented where possible by grandmothers' and older siblings' (particularly sisters') care.

Other community or "client" perceptions of ECCE included an emphasis on health and nutrition - particularly in the area of feeding programs. Nutrition and preventive or primary health measures were often mentioned by parents and teachers as critical components of ECCE. Some of the preschool teachers interviewed were trained by the

local Ministry of Health as primary health workers, providing growth monitoring and parent education functions in their local communities, through their preschools. The researcher also had the opportunity to observe both growth monitoring and weaning food cooking demonstrations in Embu District (Runyenjes location) and "health talks" by preschool teachers on oral rehydration therapy in Machakos District (Wamunyu location). For a more detailed analysis of the relative effectiveness of such preschool-based primary health initiatives, see Gakuru and Koech (1995) contextualized case study of under threes in Machakos District.

In the related area of nutrition, many mothers and grandmothers interviewed discussed their perceptions of weaning practices - both traditional and contemporary. Bottle feeding was clearly not an option (with baby bottles literally confiscated by local health workers in clinics and dispensaries), although early weaning and supplements were a factor in both Embu and Machakos districts. Other communities reported that a strength of traditional child-rearing was the lengthy time of breastfeeding children (e.g., in Maasai and Samburu cultures). It was particularly difficult for mothers working on the tea and coffee plantations to properly breastfeed their children. They had only very short breaks, while the tea leaves were being weighed, etc., no lunch hour, and often worked very long hours. Similarly, urban mothers tended to be away from their babies for long periods of time, making early weaning more likely than in more traditional and rural settings.

Another perception of ECCE in general concerned its role in cultural transmission and maintenance. Caregivers were seen as passing on values, language, stories, and traditions of the culture. This was most disrupted in the plantation and urban settings, where groups of children in care came from several different cultural/ethnic backgrounds, with different vernacular spoken in the home, and often had a teacher or caregiver from a different ethnic background than their own.

Where more traditional care persisted (e.g., in Samburu and Maasai areas), grandmothers still told stories in the evening, sang traditional lullabies, and were responsible for many forms of cultural transmission. With more single parent mothers raising families in poverty, necessitating the mother's absence for long periods of time to work or look for food, etc., the cultural maintenance function of child care was often lost, at least to a degree. Many of the parents interviewed lamented such losses, and also described children as "hurried" and "busy," especially as they went into primary school with its many subjects and time demands.

Another aspect of group care, particularly noted in the more "traditional" communities was the importance of the age-set. ECCE was viewed, in such contexts, as providing opportunities for socialization and preparation for other rites involving the age-set. This was also mediated by gender, with boys and girls being prepared for quite different future experiences and expectations. Closely related to this preparation for life was the role of discipline and guidance in ECCE. Although lamented as being lost with nuclear families and more "private" attitudes regarding child-rearing (versus the "community raising the child"), the role of discipline and training in good manners and culturally acceptable behavior was no small part of parents' expectations of ECCE.

Other, more custodial functions of child care were also named with some frequency. ECCE was seen as keeping children safe while parents or other caregivers did essential work. It was also seen as providing protection to children from various dangers (whether from wild animals, fire, drowning, exposure, etc.). In fact, for under threes, the custodial functions of child care appeared to take precedence over such aspects of ECCE as early stimulation, verbal interaction, and the opportunity to play and use manipulative materials.

Finally, a rapidly growing expectation of preschool (particularly for the "pre-unit" or 4-5 year old children) was the preparation for primary school and beyond. The "readiness"

function of preschool was unquestioned by most parents interviewed - across all settings. The place where the least emphasis was placed on readiness for Standard 1 was the plantation sample, where the custodial day care function of preschools was predominant. Even in the most traditional samples, however, preschool was assumed by a cross-section of informants to be a necessary pre-requisite of primary school. In other words, it has been rapidly institutionalized as the downward extension of a public school education, and is, in fact, at least unofficially a requirement for admission (through the Standard 1 "interview process) to primary school.

Anticipated Benefits of ECCE to Child, Family and Community

Closely related to community perspectives of ECCE, are the expectations and the perceived benefits of early childhood development and care. Expectations and perceived benefits varied across settings, and will be discussed separately for each of the types of settings sampled.

In **plantations**, the expectation was clear - working mothers had urgent child care needs and children needing care throughout the day (as mothers did not even have lunch hours at home) also were viewed as requiring feeding programs. These programs also more closely resembled full day care facilities than most of the nursery schools visited in the study, including at least minimal provision for napping, and custodial care of under threes. Teachers in such settings were called "child-minders" or "babysitters" and expectations were for safe, custodial care, which ideally included shelter, minimal activities, snack and lunch (often cold lunches carried in tins), and the supervision of one or two child-minders. Thus, a custodial model was pervasive in plantation or estate settings.

Thus, ECCE programs on plantations were viewed as an economic necessity of a female-dominated labor pool (e.g., coffee and tea pickers), which provided an alternative to conditions of neglect (i.e., leaving children alone). Family still relied on older siblings,

however, given the longer working hours than the hours of operation of the nursery schools or day care centers. Benefits for pre-unit children also included school preparation, but this was mentioned less than in other settings. The benefits of preschool in the estates was viewed by parents and even older siblings as the provision of custodial care, the guidance of non-familial caregivers, and, to a lesser degree, the stimulation of young children. It remained unclear where the majority of infant care (under ones) takes place. In some tea estates, infants were left at weighing stations with one or more older siblings and an overseer informally watching over the group of babies. In some of the coffee estates, babies were taken into the fields by their mothers, to be breastfed and comforted, when possible. Both of these arrangements were particularly problematic during rainy season, and when the fields were sprayed with chemical pesticides and fertilizers.

In **rural areas**, a number of "transition issues" were apparent. For example, many parents commented on the change over time from traditional caregiving (i.e., mother, grandmother and often older siblings) to group care and nursery schools. As previously discussed, there had been rapid growth and much community support of nursery schools, which were typically still viewed as "only" for the older preschool-age children (e.g., 4-6 years) and not for the under threes. Exceptions to this were where casual laborers and women traveling to rented lack to work on small shambas needed full-day child care. Feeding programs were also viewed as an important component of many nursery school programs, and preparation for school was also considered important - beyond custodial expectations.

It was interesting, particularly in rural Embu district, to note that children were typically not sent to nursery school until they were **at least** four years old. This was explained by parents as mainly sending children in the year before primary as a preparation for standard one and the admission interview, and was explained by teachers as a lack of

space, sufficient teachers and facilities for younger children. The same teachers often commented that "a family cannot miss sending a four or five-year-old child to nursery school," although they typically waited until this year before primary to send most children.

Finally, the rural districts sampled provided some of the richest examples of community-based innovations centered in the local preschool. These included integrated health programs, cooking demonstrations, teacher panels (for mutual support, curriculum development, and income generation), and parent involvement in toy and learning materials-making workshops. Such examples demonstrated the **high potential for community mobilization** possible when rural preschools, communities, and DICECE trainers worked closely together. They also represented a vision for the future which parents held for their youngest children, as evidenced by their willingness to donate time, money, labor, ideas, and on-going participation in programs to benefit their children.

In the **traditional**, pastoralist areas, as already discussed, traditional family care was still considered best for young children - particularly for under threes. More of the youngest children, however, were seen as participating in organized preschool settings (both open-air and in classrooms). Such children were still in the care of their older siblings, typically older sisters, who carried them on their backs to the preschool or play group setting.

In Samburu and Narok districts, the availability of caregivers was not yet a critical issue, although several of the parents and professionals interviewed predicted that this issue would become more critical in the coming years, with the changes from communal extended family to individual nuclear family and child-rearing patterns.

Interest in training for home-based caregivers (e.g., grandmothers) and organized under three play groups was high, as these reflected the traditional way of caring for children. Enhancing existing systems of child care with the addition of feeding programs, primary health promotion, and child development training caregivers was recognized as of

benefit to under threes, particularly given the hard economic times and the need to better meet young children's needs. In program planning in traditional settings, it will be important to recognize the importance of both formal and informal learning, and to recognize the importance of maintaining traditional practices. ECCE is supported and generally well understood among Samburu and Maasai people, but care must be taken to assure that their traditions are respected and not contradicted by more formalized ECCE programs.

Turning to **urban settings** in the study, families from contrasting class backgrounds must be addressed separately, as they offer distinct contrasts in perceived benefits of ECCE. In slum settings, there are a number of parallels with plantation samples. Many mothers interviewed were single parents, attempting to support their families through casual labor or in small market or microenterprise activities. Similar to mothers on the plantations, they were away from home for many hours each day, and they faced many economic hardships. Often unable to pay for school fees, mothers in slums left older siblings to watch younger ones, and also occasionally left young children alone and unattended. Such families were also more likely to have one or more children on the streets.

Thus, the perceived benefits of nursery school included custodial day care, enhanced nutrition where feeding programs were available, and, as children approached primary school entrance age, preparation for standard one. Of the models of ECCE programs operating in slums, self-help cooperative child care centers, home-based programs which might even include evening drop-in care and family counseling, and church or NGO-sponsored programs were seen as providing a viable alternative to taking young children into the workplace, or - worse - leaving them locked in a room or unattended in a slum area while the mother worked.

For middle and upper class families, preschool was important from an early age on

(e.g., privileged parents in Kisumu wanted their children to enroll in the "best" nursery schools by age 2 in order to be well prepared and positioned for the primary entry interviews at the best schools, which all took place on the same day and put great pressure on both children and parents). Such middle class families, in Kisumu, Nairobi, and Embu town typically had either an at-home mother (homemaker) and/or a maid (ayah), making nursery school a half-day enrichment and readiness experience, and not a needed caregiving or day care setting. It should be noted that some two-career families were interviewed, and they appeared to view a quality nursery school program with a trained teacher as much more beneficial to their children than leaving the children with an untrained ayah for the entire day. Such parents saw early reading, writing, and other school-related skills as critical.

Maintenance of ECCE: Community Contributions

Traditional child care, where it still exists, is more sustainable in several respects, as it requires the least new inputs for maintenance. In any setting, community contributions are the most sustainable. Such contributions, as previously described in more detail, include parents' and community contributions of labor, materials, advice, active involvement on school committees, Harambee organizing and financial contributions, and help in organizing and supporting feeding programs.

A "children's trust" or other source of small-scale loans to be used for the enhancement of existing ECCE services, or the creation of new ones, is likely a viable model for many communities. Such loans or seed money could be used to pay teachers a better or more consistent salary, support more teachers in undergoing training (both short course and full residential training), and the initiation or maintenance of feeding programs and expanded services for under threes. When family and community contributions are severely limited due to economic hardship, a loan fund or purchase of services scheme could

go a long way in ensuring that ECCE programs are sustained under current conditions of socio-economic transition.

The role of DICECE trainers and Zonal Preschool Inspectors should not be under estimated, particularly in terms of the "successful sustaining of ECCE services" to communities, rural and urban. Providing inexpensive transportation (e.g., motorcycles or small vehicles) to DICECE units would be a wise investment of limited resources, as DICECE staff are community mobilizers who can do much to ensure program success and continuity - if they can reach communities and teachers, including those in more isolated areas of their districts.

Active involvement of parents is also of critical importance to the sustainability and success of any ECCE program. Meetings must go beyond merely an annual, often third term, parent day, and include an on-going program of parent and community involvement. Such activities can include toy- and materials-making workshops, cooking and primary health demonstrations, preschool work days, growth monitoring for under fives, and involvement on a preschool committee. Several of these activities (e.g., cooking demonstrations, toy-making, and growth monitoring) are also likely to benefit under threes, not yet enrolled in a formal preschool program.

Needed Additional Resources and Services

Relief to parents and communities from the many financial burdens, especially school fees and the higher cost of living combined with increased unemployment, is a critical need. Such relief could be in the form of a loan scheme or purchase of care model, in which sliding fees scales based on financial need, or partially underwritten fees (e.g., for preschool and primary education) would greatly assist families in providing for the basic needs of their young children. Whatever approaches are used, resource provision should be based, first and foremost, on the expressed needs and goals of the community and not externally

imposed.

The Aga Khan Foundation's model for a community trust fund is an approach which would be most viable if locally administered and overseen by trusted, locally elected committee, which should include parents of young children. Certain priorities should be made requirements or at least strongly suggested as necessary in order to quality for local matching funds and loan opportunities. These "mandated programs" could include a feeding program, primary health promotion, and training of preschool teachers. Parent and community involvement and contribution, on a sliding contribution scale or other mechanism, should also be strongly encouraged.

Family and Community Contributions to ECCE in the Future

Any future enhancements of ECCE should build upon traditional ways of parent and community involvement and support, and should not impose new models on communities which are already successful at mobilization for ECCE. This is not to say that no new approaches are needed - in fact, in order to serve children under three, new models (e.g., family-based child care) will be needed. Rather, it will be critical to obtain the opinions of a cross-section of community members and continue to carry out client studies in order to plan projects and approaches which are most likely to be supported and sustained by local communities and parents.

It is equally important not to assume that the same service design and delivery model(s) will work in all communities. By working closely with DICECE and other local professionals and community leaders, the most appropriate model for distinct types of settings and communities can likely be found. For example, in some semi-arid settings are livestock are still relatively plentiful, a "Kajiado model" might be considered. This project, as supported by the Arid and Semi-arid Lands (ASAL) project (as funded by a Netherlands NGO), entails a number of ECCE programs with community matching funds coming from

the sale of cattle by elders.

Other community-based initiatives actively encouraged by several DICECE at present which should be promoted in any future ECCE enhancement activities include establishment of teacher panels (at the zonal and even sub-zonal level) and self-help groups, whose activities include income generating schemes and personal and professional support. A related model which has been tried with some success in Siaya and now being replicated in other districts, including Nairobi, is the formation of "Child Care Consultative Groups." Such groups provide input from a variety of opinion-shapers, community leaders, and service providers, and can be instrumental in encouraging intersectoral collaboration to support families, from pregnancy through the preschool years.

Additionally, parents should continue to be encouraged to be actively involved in as many aspects of ECCE as possible, including materials-making, assisting feeding programs, digging latrines, making or purchasing appropriate furniture and playground equipment, and hiring teachers. Many communities still require education on what is needed for appropriate ECCE, particularly as pertains to children under three. Similarly, kitchen gardens and feeding programs in all preschools should be encouraged.

In terms of the oversight of successful programs and the application of external programs and resources to ECCE, the consensus in both the community leader and professional groups was that locally elected committees would be the best way to assure that the funds or other assistance were effectively used and to oversee their application over time. Building on existing management structures (e.g., school committees) and encouraging a more active role for the community in planning and providing for ECCE services were emphasized in the interviews. Finally, providing training, technical assistance, and other forms of support to local leadership bodies, with regular follow-up at the zonal or district level (from DICECE and Inspectorate, as well as Ministry of Health where appropriate),

was also seen as critical to the successful application of additional resources for ECCE. Human resource development and support was seen as key to the ECCE initiative.

Constraints and Hazards to ECCE: Past and Present

Constraints, as described by participants in the study, most often related to the lack of funds required to provide necessary program components (e.g., feeding programs, learning materials, age-appropriate furniture and other facilities, and teacher salaries). Local preschool committees were also seen as in need of training in management, which should address the following questions: (1) is money banked?; (2) are accurate financial records kept?; (3) how are teachers recruited, supported, and evaluated?; and (4) are teachers regularly and fairly paid?. These areas related to poor management and organizational weaknesses, including financial mismanagement, and lack of skills in record-keeping, management, and service planning. Each of these areas, in turn, should be addressed in future ECCE initiatives.

Other constraints to a number of ECCE programs include lack of access to clean water and related environmental and individual hygiene problems, particularly in semi-arid and slum settings. This problem is likely best attacked through inter-sectoral collaboration of education, health, water and other local authorities, and certainly parents. Finally, another current constraint to ECCE services is the lack of feeding programs in many preschools and other community-based settings. As stated earlier, ideally such programs should provide between 25-30% of children's daily nutritional requirements, with a higher percentage required in plantations settings, as well as in urban slum areas. Other problems include distances to services and taboos (e.g., against going to government hospitals).

In terms of how these constraints are **traditionally and currently relieved or avoided**, particularly by the family and the community, feeding programs can utilize locally available, nutrition food, as well as the labor of parents. As described several times by parents and

professionals during interviews, the sustainability of such programs can be enhanced when food is collected by parents and stored in a centralized area, to be shared with the preschool (e.g., the Embu model). Also, the contribution of small amounts of cooking oil, firewood or charcoal, water, and labor (e.g., taking turns cooking) can all contribute to the sustainability of feeding programs - particularly in rural or peri-urban areas, where foodstuffs are available.

Community mobilization has been, and will continue to be, critical to countering the above constraints to ECCE programs. For example, Harambees (local self-help fund-raisers), Barrazas (public meetings or forums, usually led by the local Chief and possibly a primary school Head Teacher) were often cited by teachers, parents, and others interviewed as helpful ways of coping with problems and improving services to children. Parent and community education or "family enhancement" strategies are also viable models, and several local community leaders and opinion shapers (e.g., the Chief, school Head Teachers, DICECE trainers, local authorities, Ministry of Health and Ministry of Social Services staff) are critical to the success of such efforts. Particularly helpful are trained village health workers and other home visitors (e.g., social workers).

Consequences of ECCE Constraint or Failure

This question was addressed in terms of both current problems where few services, particularly for children under three, existed and hypothetical problems which a lack of services could present (discussed in this manner in focus group discussions mainly). One of the strongest and most frequent responses to the question of the consequences of a lack of currently available ECCE services was, "children would be malnourished, neglected, and more would die!" This was particularly in reference to the importance of feeding programs and nutrition education for parents, programs of care and early education for preschool age children, and immunization and other preventive health measures, now quite widely

available. The stakes for the first five years of life were seen by everyone interviewed as quite high, with health and nutrition inputs being of greatest importance. Other respondents said that, "disease and illness would be much worse" without primary health care measures now available to families, and "we would lose more children to preventable disease," again referring to the importance of the expanded immunization program in Kenya.

In plantation samples and some urban, low income settings, child care was also seen as a critical means of preventing neglect of children, and other dangers of being either left alone or with untrained caregivers - often only a few years older (e.g., siblings). One manager of a coffee estate in Kiambu district shook his head and said that a lack of at least some child care for workers was "unthinkable - we've had child care here for many years before I started in this job and I cannot imagine how things could run without it!"

In rural, traditional, and many urban settings, parents and others interviewed spoke of the importance of preschool as a preparation for success in primary school, and far less about stimulation through play, language development, and other aspects of ECCE needed for optimal child development. The view of nursery school education as preparation for further schooling was quite pervasive, and the lack of preschool education was addressed as "a great problem for children entering Standard 1 without it - all children today need at least one year of nursery school before entering primary school." This nearly universal acceptance, by parents, of preschool education was also a comment on the perceived consequences of its absence. The consequences of the lack of both nursery school and primary school education (due to parents' inability to fees and other expenses), according to many parents, the rapidly increasing number of street and compound children -- the out-of-school youth whom many people interviewed felt would not be on the street or idle in the rural areas if they had gone to at least nursery school and lower primary. The following section summarizes the recommendations made by the collaborative research team.

Implications for Policy and Program Planning

One basic and foundational recommendation is that a very **inclusive definition** of early childhood care and education (ECCE) or early childhood development (ECD) be employed by all bodies involved in the related policy and program planning process. Such a definition should encompass not only preschool and other "institutional" or formally organized settings, but should include traditional child-rearing, small, home-based child care centers (which will likely grow in number in the coming years to address the urgent need for care for under threes), and "family enhancement" and education activities, which include strengthening families' ability to raise healthy and well prepared children. Future policies should emphasize **family-centered programming**, which takes into account the stated needs and goals of parents and local communities. Such local goals are expected to vary widely, in terms of contrasting local resources, lifestyles, and challenges. The emphasis on family-centered program planning, however, should clarify the fact that ECCE services include providing child-rearing support and resources to families, as well as resources for the expansion of formal early childhood programs.

A specific aspect of family-centered programming which was mentioned as something parents had appreciated in the past, but which was no longer widely available, was the **home visitor model**. Whether village health workers or social workers, such visitors were described as providing support and advice for healthy child-rearing, access to free or low cost medicine and diagnostic services, and improved personal and environmental hygiene. A related model which was strongly supported by professionals interviewed (i.e., social work staff in Kisumu), was the **Bamako Initiative**. This community health approach involves the short-term intensive training of community health workers who are provided with 10 essential drugs, and trained in primary health practices and community mobilization. They provide a form of mobile clinic and often home-based health care services, as well as low

cost medicine. This model has been successful in several African settings, and is being replicated in a number of Kenyan communities. Funding for the accelerated implementation of the Bamako Initiative is encouraged, particularly where the training of village health workers emphasizes the care and development of young children and the empowerment of their parents. The expansion of **mobile clinics** is also strongly recommended, in order to address the long distances which many parents must travel to take children to clinic.

A related policy and programmatic issue in the realm of family enhancement is the need for services which **support young mothers**, particularly single mothers. Older, experienced mothers, health workers, adult educators, and other community members could be encouraged to form informal support systems for young mothers. Women's self-help groups can also provide both social and emotional support and income generating schemes which both indirectly contribute to enhanced child-rearing.

Secondly, although the Ministry of Education, largely through the NACECE/DICECE system and the Inspectorate, should remain the lead agency for ECCE policy and program implementation, greater **inter-sectoral collaboration** across governmental ministries, local authorities, NGOs, and religious organizations or sponsors should be emphasized, in order to meet the complex needs of both children and families in Kenya. Models of community empowerment, income generation, and local program planning along with donors and relevant local government officials should be encouraged. Such local providers of technical assistance to parent and community groups should benefit from increased means of transportation for outreach to the locations and sub-locations of greatest need.

Other specific policy recommendations include the establishment of a **"Children's Trust"** or other type of small loan-making scheme. Such a trust could provide seed money

for income-generating projects, expanded care models, more equitable teacher salaries, and facilities and materials needed for ECCE programs. In locations where care for children under three is an urgent need, funds from the Children's Trust should be targeted primarily to establishing or enhancing services for the youngest children in a particular setting or community.

Smaller, home-based child care facilities should be strongly considered as a viable model for care of the youngest children requiring extra-familial care. Support and education for the home-based caregivers or teachers should be emphasized in planning of such services. Teacher panels or other support systems should also be encouraged to prevent isolation and provide professional and personal development opportunities for home-based caregivers/teachers. Additionally, parent cooperative models should be actively explored. Such informal programs would involve mothers (and fathers) taking turns caring for a small group of children, freeing other mothers to work in a variety of settings (e.g., in their shambas, in the market, in paid labor, etc.) Work schedules and requirements should be explored in order to allow women more **flexible** hours in order to provide for participation in such shared child-care schemes, as well as to nurse their youngest children.

As services are created or enhanced, it is further recommended that **sliding fee scales** be implemented, in order to make ECCE services more accessible to the poorest families. Local determination of the criteria for reduced fees will be critical to the success of such an initiative, which should not be seen merely as an expanded local "preschool bursary" fund. Where possible, **feeding programs** should be required and subsidized, as they can often make the critical difference in child survival and optimal development.

In terms of policy implications for Kenya's youngest children, **maternity leave** policies need a reexamination. The two month maternity leave for mothers in permanent employment should likely be lengthened, paternity leave policies explored, and better health

and leave benefits considered for women working in the informal or casual labor sector.

Policies which recognize what it means to be a child, and the fundamental rights of children, as endorsed at the World Summit for Children and found in the U.N. and Convention for the Rights of the Child, continue to be warranted. (mention the new Kenyan children's bill here?) One question which recurred during the process of carrying out the research was, "Are parents and policy-makers aware of the need of a child to be a child?" This was particularly problematic when children were observed working long hours in plantation settings, caring for younger children, and even working hard in nursery schools which emphasized academic preparation and performance in Standard 1 interviews.

Finally, economic supports to empower communities to meet minimum basic standards for children are recommended. Examples of projects which could be undertaken at the community level include: (1) a community book fund, to help families purchase required school books, (2) better use of school buildings for community meetings, workshops, and child health services, (3) formation of self-help groups and other forms of family enhancement, and (4) establishment of home-based child care to serve under threes.

In **summary**, the following policy and related programmatic recommendations are made, based on interviews with "clients" and providers of ECCE services in Kenya:

1. Future initiatives should utilize an inclusive definition of ECCE, and not limit provision of resources to formal early childhood programs;

2. Family enhancement and parent support models should be actively explored with parents and communities in order to best meet local needs;

3. Ways to relieve parents of the financial burdens of the rising cost of living, particularly the costs related to schooling their children, should be actively pursued; such approaches could include creation of "Community Children's Trusts" or sliding fee scales so that so many children are not excluded from formal preschool and primary education due

to parents' inability to pay fees;

4. Home-based services to parents, mobile health clinics, and training for preschool teachers in primary health should be increased, using the Bamako Initiative as a model;

5. Inter-sectoral collaboration at national, district and local levels should be increased, with more active sharing of limited resources to benefit young children and their families;

6. Different models of serving children under three should be actively explored and encouraged (e.g., home-based or family child care, improvement of full day care centers to better meet the needs of infants and toddlers, and encouragement of parent cooperative schemes, in which parents take turns caring for each others' children);

7. Feeding programs and primary health activities should be encouraged, if not required, in all ECCE programs, with feeding programs in areas of greatest need (e.g., plantations, slums, and settings experiencing drought) providing 25-30% of children's minimum daily nutritional requirements;

8. More flexible working conditions for nursing mothers should be actively sought from employers, with an examination of maternal leave policies in Kenya undertaken; and

9. Community-based committees should be elected to oversee a program of expanded ECCE services in Kenya, which should optimize local input and thus increase the likelihood of building on, versus undermining or competing with, local strengths and community contributions.

Additionally, two other priority areas to help ensure the success of any ECCE initiative in Kenya are **training** and **transportation**. As the training study will likely underscore, the need for expanded training of preschool teachers, parent education, and training of local preschool committee members in management and leadership areas are all critical. Training in primary health promotion should also be expanded, with both preschool teachers and parents benefiting from such efforts. The area of transportation is a critical

one for DICECE staff, in particular. Given that much of their job description involves community outreach, supervision of preschool teachers, and mobilization activities, the provision of at least minimal transportation support should be a high priority in future planning for ECCE.

The above recommendations should be pursued in the context of the **promises made to children** at the U.N.-sponsored World Summit for Children in 1990. The basic rights of Kenyan children to health, education, nutrition, and protection from abuse and over-work must become a stronger advocacy agenda in Kenya. The passage of the Children's Bill earlier this year is a positive sign that the Kenyan Parliament is recognizing the children's crisis and beginning to respond.

Recommendations for Further Research

Although over 460 people were interviewed in this study, time and other resources did not allow for observation in existing preschools and programs for under threes, participation in community meetings, or repeated observation of primary health practices. Each of these was done, but only on an occasional basis, as part of the researcher's community visits while gaining "entry" to new communities or accompanying DICECE colleagues in their field work. Future research should include observations of young children and their families in various settings - home, preschool, and community. Thus, observations can in the future be utilized to supplement the self-reports elicited in the current interview study.

Finally, it is recommended that local **needs assessments** be carried out in pilot communities which will be involved in the MOE ECCE initiative. These could utilize local resource persons, particularly DICECE staff who are trained in community-based data collection, and could be carried out with focus groups at the zonal, location and sub-location level before new initiatives were introduced. This strategy could prevent many of the

problems described by persons interviewed, including the imposition of new services on communities which have not ask for and may not understand such services.

Recommendations for Community Dissemination

As part of an on-going community needs assessment and planning process, a summary of the current study should be shared with as many of the communities which participated in this study as possible. For a small cost, DICECE trainers who collaborated in the collection of data could arrange and facilitate local parent and community forums to discuss the findings and recommendations of this client survey, as well as to ascertain what additional needs and ideas the community may wish to contribute.

Many of the parents and community leaders interviewed requested such a forum to be held, in part because other interview studies had been carried out in their district or location with no feedback to the community on their findings, recommendations, etc. DICECE collaborators expressed interest in carrying out such forums or focus groups, and could be brought to NACECE for a briefing on the findings and for further training in conducting focus groups and other forms of needs assessment. Such mobilization of local leadership structures for community involvement in ECCE program planning will be critical to the success of the larger initiative and is strongly recommended.

Findings from this study became part of a national ECCE initiative (of the Kenyan Ministry of Education/National Centre for Early Childhood Education and The World Bank during 1995) which included eight complementary studies, a national conference to share and disseminate findings, and the formulation of a number of policy and programmatic initiatives. To date, several of the project's recommendations have been incorporated into the implementation plan which is being carried out by the Ministry of Education, National Centre for Early Childhood Education, and a number of NGOs (e.g., community ECCE bursaries, greater intersectoral collaboration, and family-centered initiatives).

Contributions and Methodological/Ethical Issues Raised

A critical aspect of this study was its emphasis on **collaboration**. Such research must be based on mutually defined goals and stated needs of indigenous people, and actively seek to improve the conditions of people - in this case, children and their primary caregivers in Kenya. Participants in this study, particularly the principal investigators, noted the challenges of (as well as successes in) collaboration across culture, nationality, and language (interviews were conducted in 10 mother tongues). Another unique aspect of the study was the inclusion of a **multi-generation sample**. Children, parents, and grandparents were interviewed, including some group interviews which included at least three generations of women.

Among the **methodological and ethical issues** and questions raised by this study were the following:

(1) How were the "collaborative stakes" different for the visiting researcher and the national and local collaborators? For example, what was the primary motivation of local collaborators to participate in the study? Were workloads compatible with conducting research? What kinds of dissemination were Kenyan collaborators most interested in?

(2) Were attempts to actively involve the team of local collaborators in the piloting and revision of interview protocols and sampling issues successful? How could they be further improved?

(3) How were the local collaborators (DICECE Program Officers and Trainers) perceived by the study participants? That is, what were their class, ethnic, and perceived political positionings and how might these have influenced the interview responses? Did parents, grandparents, and children willingly participate, or was there subtle coercion at times?

(4) How did the perception of the research (in a number of cases) as representing an

NGO (non-governmental organization) or donor organization influence participants in the study? Were our explanations of the purpose and goals of the study credible, understandable, and acceptable to the participants?

(5) What can be learned through an examination of the interview questions which did not "work" well, in contrast to those which appeared to be readily understood/easily interpreted by participants? For example, questions related to the relevance of formal preschool education (in traditional areas) or related to culture/language maintenance (in more urbanized, culturally diverse areas)...

(6) What were some of the dynamics and issues raised in interviewing children? Were small group (typically 2 boys, 2 girls) the best format? Should these have been conducted in the home, versus primary school, environment (allowing for securing of parental permission)?

(7) Did some of the questions lead to a negative framing or emphasis on ways in which families were less able to meet their children's needs than in the past? Is this bad? Does it emphasize needs over strengths? What were some of the dynamics of the "outsider's gaze"?

(8) Why were some groups under sampled (e.g., fathers) and others overrepresented (e.g., mothers and grandmothers)? Does this parallel their participation in child-rearing? What could have been done to overcome some of the obstructions of the sampling process raised by coffee and tea plantation managers (e.g., who only allowed the research team to meet with "middle management"/supervisory staff and their spouses)?

(9) Was self-report (interview data) over-utilized in the study? Would future studies benefit from more sustained observations in home and preschool contexts?

(10) What did local collaborators learn - methodologically, as well as from the data we collected together? Did our discussion of the interview responses, focus group dynamics,

and my observations of local programs and family life contribute any new or relevant insights of relevance to their local role(s)?

(11) How were local sites selected? To what degree can they be considered "representative" of the contrasting communities, settings, and life experiences in each district?

(12) Did the study attempt to look at patterns across too many locations and cultural groups? How might the number of settings and (large) number of participants be viewed as both a strength and a limitation of the study?

(13) How did differential privilege, power, and outsider/insider statuses affect the potential for authentic collaboration (especially at the local/district level)?

(14) Were interview protocols too lengthy, or perhaps not open-ended enough, to capture subtle issues? In other words, how well did the questions "work"? How did this vary by setting and background of participants?

(15) Have findings/implications been shared with: (a) local collaborators, and (b) participants? If so, was this useful for local program planning or obtaining feedback?

Closing Reflections

Given the limitations of a single visiting researcher with an under-funded research budget, extremely busy collaborators in national leadership positions, and the various cultural and linguistic differences bridged in this collaborative endeavor, we were delighted with the process and outcomes of the study. As I reflected on in a recent book chapter (Swadener, in press), one of the most difficult aspects of authentic collaboration can be one's sense of "losing control." For those of us with certain amounts of power and privilege, learning to listen, slow down/be patient when needed, move faster/keep up when needed, or otherwise adjust and adapt our personal preferences, habits and cultural assumptions to the patterns, perspectives and wishes of our collaborators and research participants is a challenge, indeed. Being open (and responsive) to feedback from multiple perspectives, as

well as willing to give feedback when asked, and sharing the work (and credit) of writing, editing, and disseminating the research findings all move us closer to authentically collaborative ethnographic projects which may be of benefit not only to the researchers, but to those with whom we would co-construct our studies and cultural learning.

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